CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit

;	State concurs with the proposed response.					
	STATE POLICY RESPONSE (CFPB USE ONLY):					
	applicant and her child as one household, and mother #	#2 and her	uonsnips fulfilling the d child as a separate sec	efinition of a household: cond household.		
	By definition, a household is a group of individuals who live together and customarily purchase food and/or prepare meals together. A child under 18 years of age and living with a natural parent is a member of that parent's household. Individuals who share living quarters but do not customarily purchase food and prepare meals together are considered separate households. In this scenario, there are two separate parent/child biological relationships fulfilling the definition of a household: applicant and her child as one household, and mother #2 and her child as a parent in the separate pare					
0.						
	Question: Does sibling relationship tie households tog	ether?				
	purchase and prepare their food separately from mom	#2 and he	ne home). By their state child.	ement, mom # 1 and her child		
	Applicant household consists of mom #1 and by the	and also ir	the home is mom #2 a	and her child. The two children		
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):		V 4 20 20 20 20 20 20 20 20 20 20 20 20 20	W		
4.	REGULATION CITE(S): 63-402					
3.	PHONE NO.: (530) 245-7611		NOTE: All requests must have	ve a regulation cite(s) and/or a reference(s).		
2.	REQUESTOR NAME: Denise Boehle	8. REFERENCES: (Include ACI /ACIN court occase at a circum)				
	U Other:	7.	7. SUBJECT: Household Concept			
	Fair Hearing		Shasta County			
		6.	10/20/15 COUNTY/ORGANIZATION:	10/23/15		
	✓ Policy/Regulation Interpretation	5.	DATE OF REQUEST:	NEED RESPONSE BY:		

CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)							
1.	RESPONSE NEEDED DUE TO: Policy/Regulation Interpretation	5.	DATE OF REQUEST:	NEED RESPONSE BY:			
	☐ QC ☐ Fair Hearing ☐ Other:	6. COUNTY/ORGANIZATION:					
		7.	7. SUBJECT:				
2.	REQUESTOR NAME:	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).					
3.	PHONE NO.:						
4.	REGULATION CITE(S):		\$\tag{\tag{\tag{\tag{\tag{\tag{\tag{				
3.	Fair Hearing Other: REQUESTOR NAME: PHONE NO.:	7.	SUBJECT: REFERENCES: (Include ACL/A				

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